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CONFIRMATION NO. 1049

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/560,065	12/08/2005	424	1618	PN0374		
<b>RULE</b>						
<b>APPLICANTS</b> Oskar Axelsson, Malmo, SWEDEN; Ib Leunbach, Malmo, SWEDEN; Magnus Karlsson, Malmo, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO04/00364 11/26/2004 <b>** FOREIGN APPLICATIONS *****</b> NORWAY 20035294 11/28/2003 NORWAY 20044622 10/26/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/01/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LEAH H SCHLIENTZ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> GE HEALTHCARE, INC. IP DEPARTMENT 101 CARNEGIE CENTER PRINCETON, NJ 08540-6231 UNITED STATES						
<b>TITLE</b> Contrast agents						
<b>FILING FEE RECEIVED</b> 3050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		